Receipt date: 04/14/2004

PTOSISIONA. (10-1)

Approved for use through 103/12020, OMB 6951-0011.

U.S. Patient and Tream's Office. U.S. DEPARTMENT OF COMMERCE control for use through 103/12020. OMB 6951-0011.

U.S. Patient and Tream's Office. U.S. DEPARTMENT OF COMMERCE control for several to a collection of information unuses at contract as valid OMB.

COTTE OF TOTAL	701.	_					
Substitute for form 1449A/PTO				Complete if Known			
11150	DILATION			Application Number			
INFC	RMATION	DIS	SCLOSURE	Filing Date	04/14/2004		
STA	TEMENT B'	YA	PPLICANT	First Named Inventor	WANG, CHUANFU		
				Art Unit			
	use as many shee	ts as	necessary)	Examiner Name			
Sheet	1	of	2	Attomey Docket Number	BYD-US2003-008		

			U.S. PATE	ENT DOCUMENTS	
Examiner Initials	Cite No.1	Document Number Number - Kind Code ² (if known	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
		US-			
	-	US-			
		US-			
		US-			
	-	US-			
		US-			
	-	US-			
		US-			
		US-			
	-	US-			The state of the s
		US-			
-	-	US-			
-	-	US-			

		FORE	IGN PATENT D	OCUMENTS		
Examiner Initials	Cite No. 1	Foreign Patent Document County Code 3 - Number 4 - Kind Code 6/ Janouro)	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevent Pessages or Relevant Figures Appear	7
/K.M	٧./	CN 1142691A	02/12/1997	Japanese Battery Corp	Spec. p. 2-3	
∠K.M	V./	JP 2000-058059	02/25/2000	Samseng Display Devices Co Ltd	Spec. p. 2-3	
						-
	_					_

Examiner Signature /Kallambella Vijayakumar/	Date Considered	02/26/2010
--	--------------------	------------

^{*}EXAMINES: Intial if reference consistend, whether or not clastion is in conformance with MPCP 009. Draw line through citation if not in conformance and not considered, checked copy of this form with next communication to applicant.

1 Applicant's unique clastion designation number (optional). 2 See Kinds Codes of USPTO Patent Documents at https://www.upsto.org/ or MPCP

10 (4.) * Elem Code Toda Checked Codes of USPTO Patent Documents at https://www.upsto.org/ or MPCP

10 (4.) * Elem Code Toda Checked C

Bursen Horr Statement: This form is estimated to take 2.0 hours to complete. They will very depending upon the seem of the individual case. Any comments on the amount of time you are neglected to complete the form should be sent to be for held information Officer. U.S. Patent and "Trademank Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO Assistant Commissions for Patents, Washington, DC 20231.

PTC/SB/08B (10-01)
Approved for use through 10/31/2002. OMB 0551-0031
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE ired to respond to a collection of information unless it contains a valid OMB Under the Paperwork Reduction Act of 1995, no persons are re-control number.

Substitute for form 1449B/PTO	Complete if Known			
UNICODIMATION PLOOF COURS	Application Number			
INFORMATION DISCLOSURE	Filing Date	04/14/2004		
STATEMENT BY APPLICANT	First Named Inventor	WANG, CHUANFU		
OF ALLEMENT BY ALL FIGHT	Group Art Unit			
(use as many sheets as necessary)	Examiner Name			
Sheet 2 of 2	Attomey Docket Number	BYD-US2003-008		

Stieet -	Of a Attorney Bocket Nulliber 215 552555555	
	OTHER PRIOR ART - NON PATENT LITERATURE DOCUMENTS	
1	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the	_
Examiner Cite Initials No.	item (book, magazine, journal, scrial, symposium, catalog, etc.), date, page(s), volume-issue number(s) nublisher city and/or country where published	1
military No.	number(s), publisher_city and/or country where published	+
1 1		
1 1		
		-
	\ /	
	\ /	1
	X	ŀ
		1
		1
		_ _
1 1		
1 1		
1 1		
		1
1 1		
-		ı
		. L
Examiner Stanature	Date	
arunature i	Considered	

^{*}EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance with MPEP 609. not considered. Include copy of this form with next communication to applicant.

Applicant's unique citation designation number (optional). 2 Applicant is to place a check mark here if English language Translation is attact Burden Note: Statement: This form is estimated to take 20 hours to conglete. There will say depending upon the needed of the individual stank, comments to the ismound of time you are required to conglete the flow reduced be sent to the Cheb information Officer. (I.e., Pennan and Track)
Officer, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Pates washington, DC 20231.